Application Data Sheet

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: GP64-NULL BACULOVIRUSES PSEUDOTYPED

WITH HETEROLOGOUS ENVELOPE PROTEINS

FOR GENE THERAPY

Attorney Docket Number:: BTI-47CON

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 2

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in F	Parent Appl.?::	No	
Correspondence Inf	Formation		
Correspondence Customer Number::		020808	
Phone Number::		607-256-2000	
Fax Number::		607-256-3628	
E-Mail address::		aquilla@bpmlegal.com	
Representative Information			
Representative Customer Number::		020808	
Domestic Priority Information			
Application::	Continuity Type::	Parent Application::	Parent Filing Date:
	Continuation of	09/925,365	8/9/01
	7. 1. (4) (4)		
	Non-provisional o	60/224,612	8/11/00
	4 44 44 44 44 44 44 44 44 44 44 44 44 4		J. J
Foreign Priority Information			
Country::	Application number::	Filing Date::	Priority Claimed::
-			

Assignee Information

Assignee name:: Boyce Thompson Institute for Plant

Research

Street of mailing address:: Tower Road

City of mailing address:: Ithaca

State or Province of mailing

address:: New York

Country of mailing address:: USA

Postal or Zip Code of mailing

address:: 14850

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Gary

Middle Name:: W.

Family Name:: Blissard

Name Suffix::

City of Residence:: Ithaca

State or Province of Residence:: NY

Country of Residence:: USA

Street of mailing address:: 208 Eastern Heights Drive

City of mailing address:: Ithaca

State or Province of mailing

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Postal or Zip Code of mailing

Address:: 14850

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Jodie Mangor

Middle Name:: T.

Family Name:: Mangor

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State or Province of Residence:: NY

Country of Residence:: USA

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City of mailing address:: Ithaca

State or Province of mailing

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Postal or Zip Code of mailing

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Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Scott

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State or Province of Residence:: WI

Country of Residence:: USA

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City of mailing address:: Madison

State or Province of mailing

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Country of mailing address:: USA

Postal or Zip Code of mailing

Address:: 53711